EMERITUS CORPORATION

RESIDENT EVALUATION

RESIDENT BASELINE INFORMATION

I RESIDENT NAME: John Boice PHYSICIAN: Awan
DATE OF BIRTH: 2-11-27 SPECIALIST(s): _____

II APT. NUMBER: _____ GENDER → ☐ MALE ☐ FEMALE

III REASONS FOR EVALUATION

- ☑ Pre-Move-In
- ☑ Initial
- ☐ 30 day re-evaluation
- ☐ Semi-annual evaluation
- ☐ Change in condition/status
- ☐ Post Hospitalization

Move-in Date: _____ Weight: (If state required) _____

Vital Signs: (If required by State)
B/P: Temp:
Pulse: Resp:

IV REPONSIBILITY/ LEGAL GUARDIAN

- ☐ Legal Guardian
- ☐ Other legal oversight
- ☑ Durable power of attorney /health care
- ☑ Durable power of attorney/financial ERIC
- ☐ Family member responsible
- ☐ Resident responsible to self
- ☐ DNR –Yes/No (circle one)
- ☐ None of the above

V DISEASE DIAGNOSES (Check all that applies)

ENDOCRINE/METABOLIC/ NUTRITIONAL:
- ☐ Diabetes Mellitus
- ☐ IDDM
- ☐ Hypothyroidism
- ☐ _____

HEART/CIRCULATION:
- ☐ Artherosclerotic heart disease (ASHD)
- ☐ Congestive Heart Failure (CHF)
- ☐ Deep Vein Thrombosis
- ☑ Hypertension
- ☐ Peripheral Vascular Disease (PVD)
- ☐ Angina
- ☐ _____

MUSCULOSKELETAL:
- ☑ Arthritis (Lower back)
- ☐ Hip Fracture
- ☐ Missing Limb (amputation)
- ☐ Osteoporosis
- ☐ Pathological bone fracture

NEUROLOGICAL:
- ☑ Alzheimer's diseases
- ☐ Dementia
- ☐ Aphasia
- ☐ Cerebrovascular accident
- ☐ Hemiplegia/Hemiparesis
- ☐ Paraplegia
- ☐ Parkinson's disease
- ☐ Seizure disorder

PSYCHIATRIC/MOOD:
- ☐ Anxiety disorder
- ☐ Depression
- ☐ Manic depression (bipolar disease)
- ☐ Schizophrenia
- ☐ Sleep Disorder
- ☐ Agitation
- ☐ _____

PULMONARY:
- ☐ Asthma
- ☐ Emphysema/COPD
- ☐ Smoker, _____Packs/day, X ____ Yrs.

SENSORY:
- ☐ Cataracts
- ☐ Diabetic retinopathy
- ☐ Glaucoma
- ☐ Macular degeneration

OTHER:
- ☐ Anemia
- ☐ Cancer
- ☐ Renal Failure

INFECTIONS:
- ☐ Clostridium difficile
- ☐ Antibiotic resistant infection (e.g. Methicillin resistant staph/MRSA)
- ☐ Conjunctivitis/ other eye infection
- ☐ Pneumonia
- ☐ Respiratory infection
- ☐ Urinary Tract infection
- ☐ Wound Infection

EMERITUS CORPORATION

RESIDENT EVALUATION

VI	List other Diagnoses not mentioned above:		**OTHER HEALTH CONDITIONS:** ☐ Dehydration ☐ Shortness of Breath ☐ Dizziness/Vertigo ☐ Edema ☐ Syncope (fainting) ☐ Vomiting		
VII	Other Conditions/Needs that may require exemptions (Check all that applies)	☐ Oxygen ____L/min ☐ Side rails ☐ Nebulizer ☐ Ostomy ☐ Motorized cart/ scooter/wheelchair	☐ Hospice ☐ Home Health ☐ Smokes ☐ Isolation ☐ Pressure Ulcer/Wounds	☐ Bed ridden ☐ Tube feeding ☐ Suctioning ☐ Drives own car ☐ Other (specify below)	
VIII	COMMENTS				

IX	MEDICATIONS: ☐ Self-Administer own meds (If permitted by State regulations) ☐ Self-administration assessment completed Date completed: _____ ☑ Staff to assist in medication administration	**Medications**	**Dose**	**Route**	**Frequency**
		1.			
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
		8.			
		9.			
		10.			
		11.			
		12.			
		13.			
		14.			
		15.			
		16.			
		17.			
		18.			
		19.			

Allergies: NKDA

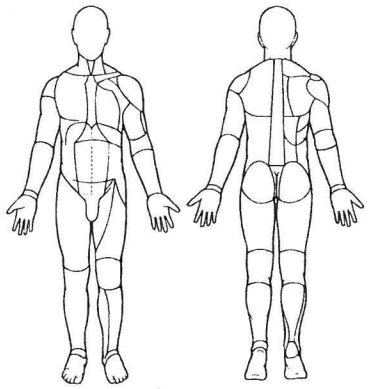
MC 68

RESIDENT NAME: Joan Boice DATE 9-12-08

	SKIN BASELINE

DETAILED DESCRIPTION: Place numbers(s) circled at location on body

1	
2	
3	
4	
5	



X	COGNITION (Check all that applies)	Memory: ☐ Alert ☐ Oriented ☐ Periods of Confusion ☑ Totally Confused ☐ Forgetful	Making self understood: ☐ Understood ☐ Sometimes understood ☑ Rarely/Never understood	Ability to understand others: ☐ Understands ☐ Sometimes understands ☑ Rarely/Never understands Mimi CS

1. SENSORY/COGNITIVE/MOOD & BEHAVIOR BASELINE DATA

	1a. HEARING:	POINTS	GOALS/OUTCOMES
0	Hears adequately/uses hearing aid independently	0	
2	Minimal difficulty, hears in special occasions only, requires some cuing, use gestures or communication device for instructions and or directions, daily		
3	Severely impaired, not using hearing aid. Requires periodic monitoring, reminders, use of gestures or other non-communication device daily		
2	Uses hearing aid & requires assistance with it. (Having it in place and removal) 1-2 times a day.		
2	Requires assistance/help in locating hearing aid, daily		
1	Requires assistance with changing hearing aid batteries-monthly		
0	Audiological check-up/evaluation indicated. Coordinate appt./schedule with family and/or physician		
	ENTER TOTAL SENSORY SCORE→		
	1b. COMUNICATION/SPEECH	POINTS	GOALS/OUTCOMES
0	Communicates well, clear, distinct and no speech impairment or difficulties		
3	With minimal difficulty in communicating needs (due to aphasia, psychosocial/psychiatric/mood problems.) Requires occasional cuing and use of gestures/other communication device/s to enhance communication 3 times a day.		MC 69

EMERITUS CORPORATION

RESIDENT EVALUATION

	Severe speech/communication impairment (due to aphasia, psychosocial/psychiatric/mood problems) Requires constant cuing and use of gestures/other communication device/s to enhance communication, up to 5 times a day.	5	
0	Rehab screening indicated? Coordinate rehab schedule with family and/or physician? (E.g. Speech therapy)		
	ENTER TOTAL COMMUNICATION/ SPEECH SCORE→		
	1c. MENTAL/BEHAVIORAL STATUS	POINTS	GOALS/OUTCOMES
0	Alert, oriented totally appropriate at all times		
0	Complete Elopement Risk Evaluation		Score:
2	Resident with periods of confusion/forgetfulness. Requires occasional reminder to find areas within the community 1 time a day		
6	Resident totally confused and very forgetful. Requires ongoing reminders to find areas within the community, (E.g. apartment, bathroom, common areas etc) up to 4 times a day.	6	
4	Requires safety check every shift. This applies to but not limited to resident at risk for wandering. Up to 3 times a day.	4	
2	Requires daily safety checks (not related to fall. history) 1-2 times a day.		
3	**Resist Care** – occasionally resisting assistance with ADLS, eating, taking medications and or treatments. Requires occasional staff intervention & bx mgt, 1-2 times a week.	3	
6	**Resist Care** – frequently resisting assistance with ADLS, eating, taking medications and or treatments. Requires frequent staff intervention & behavior management 1-2 times a day.		
0	Psyche evaluation indicated. Coordinate psyche schedule/appointment with family and/or physician?		
	ENTER TOTAL MENTAL/BEHAVIORAL SCORE→		
	1d. VISION:	POINTS	GOALS/OUTCOMES
0	Vision adequate/Uses eye glasses and or contacts independently		
1	Requires reminders to wear glasses 1time a day.		
2	Requires assistance finding glasses 1-2 times a day.	2	
2	Requires assistance placing contact lenses in and out daily 2 times a day		
3	Requires daily monitoring for visual impairment		
0	Eye check-up/evaluation indicated. Coordinate appt. / schedule with family and/or physician?		
	ENTER TOTAL VISUAL SCORE→		
	ENTER TOTAL FOR SECTION 1 SENSORY/COGNITIVE/MOOD & BEHAVIOR →		

MC 70

EMERITUS CORPORATION

RESIDENT EVALUATION

2. PHYSICAL/FUNCTIONAL ABILITIES			
2a – MOBILITY/AMBULATION/MODES OF LOCOMOTION (How resident moves between locations)		POINTS	GOALS/OUTCOMES
0	Independent – able to move around the community independently		
4	Requires cueing for mobility to and from meals, activities, beauty shop and/or common areas.		
8	Requires assistance for mobility to and from meals, activities, beauty shop, and/or common areas.	8	
0	Rehab (PT) screening indicated		
2b – GAIT/BALANCE (How stable is resident to prevent falls)		POINTS	GOALS/OUTCOMES
0	Resident has been evaluated, has no history of falls and is not considered a fall risk at this time.		
4	Has fall episodes and/or score is greater than 10 on Fall Risk Evaluation. Monitor for safety up to 4 times a day.	4	
2	Requires safety checks every shift for fall prevention. Up to 3 times a day.		
0	Complete Fall Risk Evaluation		Score:
2c – TRANSFER (How resident moves between surfaces to/from bed, chair, or wheelchair)		POINTS	GOALS/OUTCOMES
0	Resident has been evaluated and is independent in transferring		
6	Requires standby assistance with transfers	6	
4	Able to pivot but otherwise totally dependent with transfers.		
4	Maximum assist with transfers.	4	
2d – ASSISTIVE/ADAPTIVE DEVICES (Use of any assistive/adaptive device with ADLs)		POINTS	GOALS/OUTCOMES
0	No assistive/adaptive or resident is able to utilize independently.		
1	Requires cueing for assistive/adaptive device (E.g. special eating utensils, wheelchair, electric scooter/motorized cart, braces, sling & crutches etc.)- 1-2 times a week.		
4	Requires daily assistance using assistive/adaptive device (E.g. special eating utensils, wheelchair, electric scooter/motorized cart, braces, & crutches etc.)	4	
	Please list assistive/adaptive device Wheelchair		List: **MC 71**

RESIDENT NAME: Tom Boice DATE 9-12-08

EMERITUS CORPORATION

RESIDENT EVALUATION

2e – DRESSING (How resident puts on, fastens, and takes off all items street clothing, including donning/removing prosthesis.)		POINTS	GOALS/OUTCOMES
0	Resident has been evaluated and is independent in dressing.		
1	Requires occasional assistance with mechanics of dressing? (E.g. buttons, zippers etc.) Weekly 1-2 times.		
2	Requires cueing with dressing and undressing daily		
2	Requires daily supervision with clothes selection.		
5	Requires daily personal assistance with dressing and undressing.	5	
2	Prosthesis – application and removal--Daily		
0	Rehab OT screening indicated.		
2f – PERSONAL HYGIENE (Washing face, brushing teeth/dentures, brush/combing hair)		POINTS	GOALS/OUTCOMES
0	Resident has been evaluated and is independent in personal hygiene.		
2	Requires daily reminders, cueing for personal hygiene.		
4	Requires partial assistance daily for personal hygiene with preparation & performance (due to physical/cognitive impairment)	4	
3	Requires maximum assistance daily with personal hygiene.		
1	Nightly personal hygiene check.	No Dentures	☐ Has dentures ☐ Uppers ☐ Lowers ☐ Partial Wake up time: _____ Bed time: _____ Nap time: _____
2g – BATHING/SHOWERING/TUB (Minimum two showers a week)		POINTS	GOALS/OUTCOMES
0	Resident has been evaluated and is independent in bathing.		
1	Requires reminders/cueing to bathe/shower. Weekly- 2 times. ***Add 1 point for each additional shower***		
3	Requires stand-by assistance and or assistance (help in & out of shower, turning on or off water, upper and lower extremities). Weekly-2 times. ***Add 1 point for each additional shower given***.	3	
2	Requires maximum assistance. Weekly- 2 times. ***Add 1 point for each additional shower given.***		
2	Requires Spa Bath. Weekly- 2 times. ***Add 1 point for each additional Spa bath given***		MC 72

EMERITUS CORPORATION

RESIDENT EVALUATION

	2h – TOILETING (How resident uses the toilet room (commode, bedpan, urinal, transfers on/off toilet, cleanses, changes underpants/pads)	POINTS	GOALS/OUTCOMES
0	Resident has been evaluated and is independent with toileting.		
1	Requires daily reminders to self manage toilet schedule.		
7	Requires stand-by assistance to & from bathroom with reminders/cueing – resident completes related hygiene tasks.		
7	Requires stand-by/transfer assistance on off toilet commode staff completes related hygiene tasks.		
7	Maintained on toileting schedule with staff assisting with hygiene tasks.	7	
7	Requires complete assistance with continence needs & difficulty maintaining socially acceptable hygiene standards.		
4	Staff emptying & cleaning urinal/bedside commode, bedpan at least once per shift.		
2	Assist with emptying catheter/colostomy care-daily		
1	Enema/Suppository – as needed		
	2i – NUTRITION/EATING (How resident eats and drinks)	POINTS	GOALS/OUTCOMES
0	Resident has been evaluated and is independent in nutrition/eating.		
2	Requires reminders/cueing at meal time.		
2	Requires assistance such as prompting, supervision in opening food & condiment containers, cutting food & using eating utensils.	2	
7	Requires maximum assistance with meals.		
2	Requires monthly weights.		
2	Requires assistance with supplements between meals.		
1	Requires ordering/monitoring of alter consistency food or supplements.- Monthly for 1 time.		
3	Requires dietitian over sight and review quarterly.		
4	Requires altered consistency diet daily (may include pureed or mechanical soft diet).		
	Type of diet (Indicate diet on comment column) None	N/A	Type of diet: ☐ Regular ☐ No Added Salt ☐ Consisted Carbohydrate Diet-CCHO/Limited Concentrated Sweets.
	2j – MEDICATION (How resident takes his/her medications)	POINTS	GOALS/OUTCOMES
0	Resident has been evaluated and is independent in managing medications or does not use medications.		
2	Requires reminders for medications and treatments 1-3 times per day.		MC 73
1	Requires assistance with medications and treatments 1-3 times per day.	4	

4	Requires administration of medications and treatments 1-3 times per day.		
2	Requires PRN medications 1-3 times per day.	2	
1	Staff checks availability of medications, and or ordering of medications-monthly. (Pick-up, Drug regimen review).	1	
4	Medications are received in Non-standard format.	4	
2	Requires IM and/or SQ injections daily.		
2	Monitor vital signs due to specific medications (E.g. apical pulse, B/P etc) daily.		
2	Requires medications to be crushed-daily		
5	Resident pockets his/her medications in mouth. Requires staff to stay with resident until medications are swallowed and check resident's mouth.		
3	Resident has history of refusing meds / noncompliance. May require frequent encouragement and notification of family and MD.		
	2k– DIABETIC MANGEMENT (How resident manages his/her diabetic tests and medications)	POINTS	GOALS/OUTCOMES
0	Resident has been evaluated and is independent in Diabetic Management or is not diabetic.	0	
1	Requires reminders to perform finger-stick testing (CBG) 1-3 times a day.		
1	Requires assistance by observing technique (i.e. doing fingerstick, drawing up insulin, & self administering) once a day.		
4	Requires assistance by observing technique (i.e. doing fingerstick, drawing up insulin, & self administering) 1-3 times a day.		
3	Staff performs finger-stick (CBG) 1-3 times a day.		
2	Receives insulin via sliding scale 1-3 times a day.		
	2l – SPECIAL TREATMENTS/NEEDS/NURSING SERVICES. (How resident gets his/her special treatments/needs)	POINTS	GOALS/OUTCOMES
0	**Resident does not use Oxygen, Nebulizer, have pressure Ulcer/Wounds or Use Outside Services.**		
0	Completely manages his/her oxygen treatment.		
2	Requires daily reminders with his/her oxygen treatment.		
4	Requires daily monitoring and assistance with his/her oxygen by appropriate skilled professional.		
0	Completely manages his/her Nebulizer treatment.		
2	Requires daily reminders with his/her Nebulizer treatment.		
4	Requires daily monitoring and assistance with his/her Nebulizer by appropriate skilled professional.		
0	Completely manages his/her wound treatment.		
2	Requires daily reminders with his/her wound treatment		
4	Requires daily monitoring and assistance with his/her treatment by appropriate skilled professional.		

MC 74

EMERITUS CORPORATION

RESIDENT EVALUATION

1	Quarterly medication evaluation/review		
	Parameters written reviewed and monitored for PRN's-monthly		
1	Physician orders review-monthly		
1	Evaluation for PRN pain management-daily		
1	TB Testing-Annually		
1	Psychotropic side effect monitoring-monthly		
1	Behavior monitoring plan for PRN psychotropic RX-monthly		
	HOSPICE Complete Pain Evaluation Form (If permitted by State regulations) or ensure hospice completion of Pain Assessment.		Name of Hospice _____ Phone #: _____
0	Independently manages Hospice care and Hospice care providers		Contact Person: _____
2	Coordinate schedule and needs with family/physician-daily		
	HOME HEALTH		Name of Home Health Provider _____
0	Independently manages Home Health care and care providers		Phone #: _____
2	Monitor home health services and resident progress-Weekly		Contact Person: _____
	PODIATRY		Name of Podiatrist Provider _____
0	Independently manages his/her podiatry care services		Phone #: _____ Contact Person: _____
1	Coordinate podiatry schedule with family and/or physician-monthly		
	REHABILITATION Cross reference with other rehab related services		Name of Rehabilitation Provider _____ Phone #: _____ Contact Person: _____
	SIDE RAILS ☐ Full ☐ Half		
	BED RIDDEN ☐ Temporary ☐ Permanent		
	TUBE FEEDING ☐ Bolus ☐ NGT/GT/JT		MC 75

RESIDENT NAME: _____ DATE_____

EMERITUS CORPORATION

RESIDENT EVALUATION

RESIDENT TEACHING/EDUCATION (Specify below):			
ENTER TOTAL FOR SECTION 2 PHYSICAL/FUNCTIONAL SCORE→			
3. PERSONAL SERVICES			
	3a – HOUSEKEEPING	POINTS	GOALS/OUTCOMES
0	Basic Housekeeping-1 times a week.		
1	Additional Housekeeping services up to 2 times a week.		
3	Daily housekeeping services to maintain apartment. (E.g. empty trash, bed making etc.)	3	
	3b – LAUNDRY (How resident gets his/her special treatments/needs)		
0	Basic laundry service-1 time a week.		
1	Additional laundry services up to 2 times a week.	1	
3	Daily laundry service (for totally incontinent residents)		
	3c – SMOKING (How resident gets his/her special treatments/needs) Complete Smoking Safety Assessment.	0	
0	Resident has been evaluated and is independent with smoking.		
1	Requires daily reminders of designated smoking areas		
6	Requires stand-by assistance with escorting to designated areas and supervision while smoking		
2	Daily Management of cigarettes, lighter or matches.		
	ENTER TOTAL FOR SECTION 3 PERSONAL SERVICES SCORE→		

Peggi Stevenson, RN Signature/Title of person completing this data:	Today's date: 9-12-08
Signature or initials of resident and/or responsible party:	Today's date:

Total (1) SENSORY Score:	Total (2) PHYSICAL Score:	Total (3) PERSONAL SERVICES Score:	ENTER **TOTAL SCORE:**

MC 76

INDICATE SITE WITH APPROPRIATE NUMBER:

1. Right Dorsal Gluteus
2. Left Dorsal Gluteus
3. Right Ventral Gluteus
4. Left Ventral Gluteus
5. Right Lateral Thigh
6. Left Lateral Thigh
7. Right Deltoid
8. Left Deltoid
9. Right Upper Arm
10. Left Upper Arm
11. Right Anterior Thigh
12. Left Anterior Thigh
13. Upper Back Left
14. Upper Back Right
15. Upper Chest Left
16. Upper Chest Right
17. To Right and Above Umbilicus
18. To Left and Above Level of Umbilicus
19. To Right and Below Level of Umbilicus
20. To Left and Below Level of Umbilicus

December 2,008

Routine Medication	Order Date	Freq.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Lasix 20mg. Take one tab. mon. Wed. Fri.		8am	MM		AJ																											
Citalopram 10mg. Take two tabs. by mouth every day.	9-12-08	8am	M	M	M	A	J	A	J																							
Aspirin 81mg. Take one tab by mouth every day.	9-12-08	8am	M	M	M	A	J	A	J																							
Morphine 15mg. Take one tab by mouth every day.	9-12-08	8pm.																														
Colace 100mg. Take one capsule by mouth twice daily.		8am	M	M	M	A	J	A	J																							
		5pm.																														

MC 77

Routine Medication	Order Date	Freq.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

December 08

◄ DIET
◄ ALLERGIES
◄ DIAGNOSIS
◄ FACILITY

* PHARMACY SUGGESTION

Joan Boice Room 101

Form #MP2801 (Rev. 2/03)